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Bib Data Sheet

CONFIRMATION NO. 8579

<b>SERIAL NUMBER</b> 09/963,251	<b>FILING DATE</b> 09/25/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2166</del> 3626	<b>ATTORNEY DOCKET NO.</b> ATL 271	
<b>APPLICANTS</b> Gina E. Kelly, Snohomish, WA; David R. Levesque, Sammamish, WA;					
<b>** CONTINUING DATA *****</b> none Ln 2-2-06					
<b>** FOREIGN APPLICATIONS *****</b> none Ln 2-2-06					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/20/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged <i>Sera Nafawan</i> Ln Examiner's Signature Initials					
<b>ADDRESS</b> 28159					
<b>TITLE</b> Interactive medical training system					
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		